

**State of Washington**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  007470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/06/2018
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NAME OF PROVIDER OR SUPPLIER  NAVOS		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 SOUTHWEST HOLDEN SEATTLE, WA 98126		
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L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>STATE LICENSING SURVEY</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety survey.</p> <p>Onsite dates: 12/06/17 to 12/07/17 and 02/06/17</p> <p>Examination number: 2017-1769</p> <p>The survey was conducted by:</p> <p>Tyler Henning ScM, MHS, PHA</p> <p>Cathy Strauss, BSN, RN.</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection on 12/08/17.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 3/23/2018</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 015	<b>322-020.2B LICENSURE-C OF N</b>	L 015		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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L 015	<p>Continued From page 1</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that it submitted either a new certificate of need or an amended certificate of need application according to WAC 246-310.</p> <p>Failure to submit a new certificate of need or an amended certificate of need as required risks inadequate patient care.</p> <p>Reference: Washington Administrative Code (WAC) 246-310-020(1)(c) "A change in bed capacity of a health care facility increasing the total number of licensed beds or redistributing beds among acute care, nursing home care, and assisted living facility care, as defined under RCW 18.20.020, if the bed redistribution is effective for a period in excess of six months" or (WAC) 246-310-570 (1), "An amended certificate of need shall be required for any of the following modifications of a project for which a certificate of need was issued and has been submitted in accordance with subsection (2) of this section: (a) An addition of a new service; (b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based; (c) an increase in the inpatient bed capacity ..."</p> <p>Findings included:</p> <p>1. Record review of the Certificate of Need (CON), issued 10/09/96, showed that the hospital was licensed for 40 psychiatric beds, with explicit instructions that the licensed bed capacity of the psychiatric hospital "shall not exceed 40."</p>	L 015		

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L 015	<p>Continued From page 2</p> <p>2. Review of the following documents showed how the hospital and residential treatment facility (RTF) began to share facility space:</p> <p>a. In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos requested to integrate beds from their hospital license and RTF license onto the same floor. Review of the letter showed that Navos acquired a separate 36 bed RTF license following the initial approval of the 40 bed psychiatric hospital CON. Review also showed that the hospital and RTF were operated the same and utilize the same service lines. Prior to the request, both facility types were housed on separate floors with separate staff.</p> <p>b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) Hospital Systems Quality Assurance (HSQA) approved the proposal on 05/01/07. No CON was requested or approved.</p> <p>c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor.</p> <p>d. No approval letter was on file from CMS, DOH HSQA, or CON.</p> <p>e. In a final letter, dated 12/29/10, Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again.</p> <p>f. No approval letter was on file from CMS, DOH HSQA, or CON.</p>	L 015		

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L 015	Continued From page 3  3. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding facility operations and the floor plan requests sent to DOH. The administrator stated that both facility types (hospital and RTF) operate under the larger Navos "umbrella" with the same processes, staff, and facilities for all patients. The administrator also stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.	L 015		
L 325	322-035.1E POLICIES-ABUSE PROTECTION  WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW; This Washington Administrative Code is not met as evidenced by:  Based on interview and review of policies and procedures the hospital failed to ensure that hospital staff investigated the circumstances surrounding a patient injury (Patient #3).  Failure to investigate the incidents of patient harm places patients at further risk of physical and psychological harm and violation of patient rights.  Findings included:	L 325		

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L 325	<p>Continued From page 4</p> <p>1. On 12/06/17 at 1:45 PM, Surveyor #2 reviewed the medical record for Patient #3. During the review, Nurse Manager (Staff #2) revealed an incident 2 weeks prior in which the patient reported an event that resulted in facial scratches and a large hematoma that extended from the temporal area to the occipital area of the patient's head. The Advanced Nurse Practitioner (ARNP) (Staff #4) sent the Patient to the emergency room, he was examined and returned to the facility the same day.</p> <p>2. On 12/06/17 at 2:30 PM, during an interview with the Nurse Manager (Staff #2) Surveyor #2 requested to review the incident report for the occurrence. The Nurse Manager told Surveyor #2 that no incident report had been completed and that the hospital had no policy for incident reporting.</p> <p>3. On 12/06/17 at 3:30 PM, Surveyor #2 inquired if the Quality Department had received report of the incident. The staff reported that they did not know as the Quality Manager had resigned 2 months prior.</p>	L 325		
L 415	<p>322-035.2 P&amp;P-ANNUAL REVIEW</p> <p>WAC 246-322-035 Policies and Procedures. (2) The licensee shall review and update the policies and procedures annually or more often as needed.</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review, the hospital failed to ensure that required policies and procedures were reviewed and updated annually as required.</p>	L 415		

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L 415	<p>Continued From page 5</p> <p>Failure to review and update policies annually prevents the facility from operating with up-to-date policies and procedures which could risk patient and staff safety.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Record review of the hospital policy titled, "Policies and Procedures: Development and Approval," last revised 10/17, showed that the policy did not contain the section regarding the annual review as per WAC 246-322.</li> <li>2. On 12/06/17, Surveyor #1 reviewed the required hospital policies to ensure they had been updated within the past year. Twelve of 25 policies reviewed had not been reviewed or revised within the past year:             <ol style="list-style-type: none"> <li>a. Elopement Precautions, Policy #3020985, Next Review: 10/17</li> <li>b. Food Handling Sanitation/Safety Standards, Policy #3020958, Next Review: 03/17</li> <li>c. Receiving Food from Catering Services, Policy #3024758, Next Review: 03/17</li> <li>d. Inspection and Maintenance of Biomedical Equipment, Policy #3021005, Next Review: 10/17</li> <li>e. Employee Background Investigations, Policy #3019840, Next Review: 10/17</li> <li>f. Transfer of Medically Compromised Patients, Policy #3020695, Next Review: 10/17</li> <li>g. Storage of Patients' Personal Belongings, Policy #3024857, Next Review: 10/17</li> </ol> </li> </ol>	L 415		

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L 415	<p>Continued From page 6</p> <p>h. Transport of a Patient, Policy #3020697, Next Review: 10/17</p> <p>i. Environmental Cleaning and Disinfecting, Policy #2948581, Next Review: 10/17</p> <p>j. Seclusion and Restraint, Policy #3024739, Next Review: 04/17</p> <p>k. Smoking, Policy #3032839, Next Review: 03/17</p> <p>l. Pre-Admission Screening and Patient Placement, Policy #3023511, Next Review: 10/17</p>	L 415		
L 425	<p>322-040.2 ADMIN-STAFF PROVISIONS</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (2) Provide staff, facilities, equipment, supplies and services to meet the needs of patients within the purposes of the hospital; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the governing body failed to ensure that staff, facilities, and services were supplied to meet the needs of patients within the purpose of the hospital.</p> <p>Failure to provide distinct staff, facilities, and services to address the needs of patients within the purposes of the hospital risks inadequate patient care.</p>	L 425		

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L 425	<p>Continued From page 7</p> <p>Findings included:</p> <p>ITEM #1 - Shared Services</p> <p>1. Review of the Governing Body documents and meeting minutes showed the following:</p> <p>a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the governing body.</p> <p>b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E &amp; T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF)) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.</p> <p>2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff #201) was listed as the owner of the policies dealing with direct patient care.</p> <p>3. Review of the Infection Control Program showed the following:</p> <p>a. Review of the 2016-2017 infection control plan showed that the infection control committee was made up of "residential and hospital" nurses.</p>	L 425		

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L 425	<p>Continued From page 8</p> <p>Further review of the infection control plan indicates that areas with hospital and residential beds are treated as a single entity for surveillance, prevention and control, separately from outpatient settings.</p> <p>b. Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did not show any distinct review of the hospital patients or services. Data in the evaluation were separated by floor rather than facility type, indicating that surveillance of the hospital and RTF services is combined.</p> <p>c. Review of the infection control program meeting minutes from 2017 showed that meetings were organization wide. Inpatient issues are not delineated by hospital patients or services, but rather as inpatient services.</p> <p>4. Review of the Quality Assurance and Performance Improvement Program showed the following:</p> <p>a. Review of the "Quality Improvement Program" showed that the quality program is divided into three distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient program quality structure involves membership from various departments of the hospital, all of which are indicated as encompassing all inpatient services (hospital and RTF). The inpatient clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity.</p> <p>b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00</p>	L 425		

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L 425	<p>Continued From page 9</p> <p>AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospitals services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity.</p> <p>5. Review of services provided under contract showed the following:</p> <p>a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name.</p> <p>b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions.</p> <p>c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area.</p> <p>d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building.</p> <p>e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) perform room</p>	L 425		

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L 425	<p>Continued From page 10</p> <p>cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during the same shifts</p> <p>f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.</p> <p>g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was sent to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.</p> <p>h. Additional external contracts for external staffing (Emerald City Medical Staffing), laboratory services (LabCorp), and dietitian services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.</p> <p>6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both</p>	L 425		

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L 425	<p>Continued From page 11</p> <p>units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week ..."</p> <p>a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.</p> <p>b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.</p> <p>c. Chief Nursing Officer, Staff #802 confirmed the above findings.</p> <p>7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, ... the patient will be transferred to an "H" [Hospital] bed. ...If a patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance. ... after the admission process has started ...the patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "if funding is unknown, the patient will be placed into an E bed while funding is investigated ...once coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."</p> <p>a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge</p>	L 425		

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L 425	<p>Continued From page 12</p> <p>Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status. the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"</p> <p>b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.</p> <p>8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801.</p> <p>a. The discharged medical record showed an order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following:</p> <ul style="list-style-type: none"> <li>i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed.</li> <li>ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility.</li> <li>iii. There was no physician discharge summary for the patient's hospital stay.</li> <li>iv. There was no physician admit note or history and physical, and there was no nursing admission assessment for the RTF</li> </ul>	L 425		

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NAME OF PROVIDER OR SUPPLIER  NAVOS		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 SOUTHWEST HOLDEN SEATTLE, WA 98126		
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L 425	<p>Continued From page 13</p> <p>admission/transfer.</p> <p>v. There was no informed consent obtained for treatment in the RTF facility.</p> <p>vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.</p> <p>b. At the time of review, Charge Nurse (Staff #801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p>9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:</p> <p>a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).</p> <p>b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.</p> <p>c. The medication administration record was not separate from the other licensed facility.</p> <p>d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p>10. Review of the medical record for Patients</p>	L 425		

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L 425	<p>Continued From page 14</p> <p>#801, #802, #803, #804, and #806 revealed the following:</p> <p>a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.</p> <p>b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.</p> <p>11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding their care ... request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information compiled, obtained or maintained in the course of receiving treatment kept confidential ..."</p> <p>12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork for the patient and or their family. RN #801 reported that the patient is only aware of room change.</p>	L 425		

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L 425	<p>Continued From page 15</p> <p>13. Review of the medical records for patients #802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.</p> <p><b>ITEM #2 - Shared Staff</b></p> <p>1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the organization of the hospital. The administrator stated that both facility types (The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff.</p> <p>2. Review of the Medical Staff showed the following:</p> <p>a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos.</p> <p>b. Review of the document titled, "Navos Organized Medical Staff Privileging Application," showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity.</p> <p>c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient</p>	L 425		

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L 425	<p>Continued From page 16</p> <p>or outpatient staff, rather than credentialed for the hospital or RTF.</p> <p>3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).</p> <p>4. Review of various job descriptions showed the following:</p> <p>a. Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.</p> <p>b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.</p> <p>c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.</p> <p>d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.</p> <p>5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF</p>	L 425		

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L 425	<p>Continued From page 17</p> <p>patient, and they are treated the same.</p> <p>6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and designated Hospital beds. Services are identical on both units."</p> <p>7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.</p> <p><b>ITEM #3 - Shared Space</b></p> <p>1. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos hospital and RTF shared much of the same space on the second and third floors of the buildings. Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above.</p> <p>2. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing, food service, recreation, patient care,</p>	L 425		

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L 425	Continued From page 18  and pharmaceutical services and had rooms interspersed throughout both floors.  3. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the operations of the hospital and the RTF. The administrator stated that both facility types operate under the Navos "umbrella" with the same staff, services, and facilities.	L 425		
L 460	322-040,8B ADMIN RULES-PRIVILEGES  WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (b) Delineation of privileges; This Washington Administrative Code is not met as evidenced by:  Based on record review and interview, the hospital failed to ensure that the privileging form contained the required criteria to obtain primary care clinical privileges for medical doctors.  Failure to specify the criteria for obtaining clinical privileges risks approval of clinical privileges by the medical staff and governing body for practitioners that might not meet the requirements for obtaining those privileges.  Findings included:  1. Record review of the document titled "Navos Organized Medical Staff Privileging Application," does not contain the minimal criteria for medical doctors to obtain primary care core privileges. The document only contained the minimum	L 460		

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L 460	<p>Continued From page 19</p> <p>criteria for nurse practitioners and physician assistants.</p> <p>2. On 12/07/17 from 10:00 AM to 11:00 AM, Surveyor #1 review medical staff credentialing records for 5 staff members. One staff member, a medical doctor (Staff #7), had requested clinical privileges for primary care. The privileges were approved, but no criteria for obtaining privileges (e.g. licensure requirements, board certification, etc.) was located in the privileging form.</p> <p>3. The medical staff coordinator (Staff #8) confirmed the finding and stated that the primary care privileging requirements were mistakenly excluded from the updated privileging form.</p>	L 460		
L 520	<p>322-050.2 JOB DESCRIPTIONS</p> <p>WAC 246-322-050 Staff. The licensee shall: (2) Develop and maintain a written job description for the administrator and each staff position; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and interview, the hospital failed to document the job description in the personnel file for 1 of 8 staff members reviewed.</p> <p>Failure to maintain current job descriptions risks staff being unaware of required job duties and substandard performance of work functions.</p> <p>Findings included:</p> <p>1. On 12/04/17 from 11:00 AM to 2:00 PM,</p>	L 520		

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L 520	<p>Continued From page 20</p> <p>Surveyor #1 reviewed human resources documents for 8 staff members. One staff member, a nursing intern (Staff #12), did not have a job description in her personnel file.</p> <p>2. Surveyor #1 interviewed the human resources generalist (Staff #10) regarding the position description for nursing interns. The generalist stated that the facility did not have a job description for interns; therefore it would not be in the employee file.</p>	L 520		
L 615	<p>322-050.9A TB-MANTOUX TEST</p> <p>WAC 246-322-050 Staff. The licensee shall: (9) In addition to following WSHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital: (a) A tuberculin skin test by the Mantoux method, unless the staff person: (i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours; (ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or (iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health; This Washington Administrative Code is not met as evidenced by:</p>	L 615		

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L 615	<p>Continued From page 21</p> <p>Based on policy and procedure review, document review, and interview, the facility failed to ensure that staff members received annual tuberculosis testing for 1 of 6 staff members reviewed.</p> <p>Failure to perform annual tuberculosis testing for staff members placed patients and staff at risk of exposure to infection.</p> <p>Reference: Washington Administrative Code (WAC) 246-322-050 (9) (a) (ii)</p> <p>Findings included:</p> <p>1. Record review of the hospital policy titled, "Tuberculosis Testing - Employee/Health Care Worker," last revised 04/16, showed that staff are required to have annual tuberculosis skin tests and a tuberculosis skin test upon hire unless the staff had a previously documented test within the past 12 months.</p> <p>WAC 246-322-050 (9) (a) (ii) specifies that a tuberculosis skin test is not required if a staff member has documentation that it was performed within the six months preceding employment.</p> <p>2. On 12/04/17 from 11:00 AM to 2:00 PM, Surveyor #1 reviewed human resources documents for 8 staff members. Three staff members did not have documentation of up to date tuberculin skin tests.</p> <p>a. A pharmacy technician (Staff #9) did not have a tuberculosis skin test within the past year. The last documented test occurred on 10/13/16.</p> <p>b. A nursing intern (Staff #12), hired on 06/19/17, had no documented tuberculosis skin test from</p>	L 615		

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L 615	<p>Continued From page 22</p> <p>09/08/16.</p> <p>c. A registered nurse (Staff #10), hired on 10/24/17, did not have documentation of an initial tuberculosis skin test.</p> <p>3. Surveyor #1 interviewed the human resources generalist (Staff #10) regarding initial tuberculosis skin testing. The generalist stated that staff have 30 days from hire to complete their initial skin test. The generalist also confirmed the above findings at time of review.</p> <p>This is a REPEAT VIOLATION - State survey 01/17</p>	L 615		
L 670	<p>322-050.12G RECORDS-PERFORM EVALS</p> <p>WAC 246-322-050 Staff. The licensee shall: (12) Maintain a record on the hospital premises for each staff person, during employment and for two years following termination of employment, including, but not limited to: (g) Annual performance evaluations.</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to ensure that annual performance evaluations were performed and retained for 1 of 6 staff members reviewed.</p> <p>Failure to conduct annual performance evaluations limits the facility's ability to ensure that staff members are satisfactorily performing required job duties.</p>	L 670		

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L 670	<p>Continued From page 23</p> <p>Findings included:</p> <p>1. Record review of the hospital policy titled, "Performance Evaluations," last revised 11/16, showed that annual performance evaluations are required on the anniversary of the hire date.</p> <p>2. On 12/04/17 from 11:00 AM to 2:00 PM, Surveyor #1 reviewed human resources documents for 8 staff members. One staff member, a mental health technician (Staff #11), did not have documentation of a performance evaluation within the past year. The last performance evaluation was conducted on 08/23/16</p> <p>3. The human resources generalist (Staff #10) confirmed the finding at the time of review.</p> <p>This is a REPEAT VIOLATION - State survey 01/17</p>	L 670		
L 675	<p>322-060.1 HIV/AIDS TRAINING</p> <p>WAC 246-322-060 HIV/AIDS Education and Training. The licensee shall: (1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to ensure that staff members had</p>	L 675		

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L 675	<p>Continued From page 24</p> <p>documentation of required HIV training for 1 of 8 staff members reviewed.</p> <p>Failure to ensure that staff have HIV training places patients and staff at risk for infection.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. On 12/04/17 from 11:00 AM to 2:00 PM, Surveyor #1 reviewed human resources documents for 8 staff members. One staff member, a pharmacy technician (Staff #9), did not have documentation of HIV training.</li> <li>2. The human resources generalist (Staff #10) confirmed the finding at the time of review.</li> </ol> <p>This is a REPEAT VIOLATION - State survey 01/17</p>	L 675		
L 710	<p>322-100.1D INFECT CONTROL-PHYS ENVIRON</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that furnishings were in good repair and easily cleanable.</p>	L 710		

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L 710	<p>Continued From page 25</p> <p>Failure to maintain furniture in an easily cleanable state can lead to infection control risks for patients and staff.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. On 12/06/17 at 12:27 PM, Surveyor #1 toured a recreation room on the first floor. Ten chairs had visible tears on the seat cushions. This damage led to frayed material or exposed foam, making the chairs not easily cleanable.</li> <li>2. The Facilities Director (Staff #4) confirmed the finding at the time of observation.</li> </ol>	L 710		
L 715	<p>322-100.1E INFECT CONTROL-PROVISIONS</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (f) Provisions for: (i) Providing consultation regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including</p>	L 715		

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L 715	<p>Continued From page 26</p> <p>safe management of sharps; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to ensure that the infection control committee was providing consultation regarding procedures and products for contracted environmental services.</p> <p>Failure to provide consultation regarding procedures and products for environmental services risks inadequate housekeeping practices and places patients and staff at risk of infection.</p> <p>Findings included:</p> <p>1. On 12/07/17 at 3:00 PM, Surveyor #1 and #2 reviewed infection control documents. The meeting minutes dated 04/25/17 and 05/30/17 stated that the infection control committee and the housekeeping contractor reviewed the chemicals used for disinfection. The minutes specify that a report and action plan were approved regarding chemicals used at the facility. The meeting minutes and the infection control committee binder did not have documentation of reports or action plans specifying which chemicals were approved. No documentation was provided by the time of survey exit.</p> <p>2. Surveyor #1 interviewed the administrator (Staff #1) regarding the approval of chemicals for housekeeping use. The administrator stated that it was performed, but could not find documentation showing a list of approved chemicals.</p> <p>This is a REPEAT VIOLATION - State survey 01/17</p>	L 715		

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NAME OF PROVIDER OR SUPPLIER  NAVOS		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 SOUTHWEST HOLDEN SEATTLE, WA 98126		
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L 780	<p><b>322-120.1 SAFE ENVIRONMENT</b></p> <p><b>WAC 246-322-120 Physical Environment.</b> The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure that it provided patients a safe and clean environment.</p> <p>Failure to provide a safe and clean environment places patient safety at risk.</p> <p>Findings included:</p> <p>1. On 12/06/17 from 11:15 AM to 12:00 PM, Surveyor #1 toured the second floor of the facility and made the following observations:</p> <p>a. The medication room contained excessive dust above the medication dispensing machine and computer. The dust was visible on the walls and piping above the equipment.</p> <p>b. A section of the plaster on the wall near the heating unit in room 220 was chipped, exposing the concrete, which is not an easily cleanable surface.</p> <p>2. The Facilities Director (Staff #4) and Environment of Care and Safety Officer (Staff #5) confirmed the findings at the time of observation.</p>	L 780		
L 815	<p><b>322-120.7 MAINTENANCE P&amp;P</b></p> <p><b>WAC 246-322-120 Physical Environment.</b> The licensee shall: (7) Implement</p>	L 815		

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L 815	<p>Continued From page 28</p> <p>current, written policies, procedures, and schedules for maintenance and housekeeping functions; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and record review, the hospital failed to ensure that staff members properly performed housekeeping functions.</p> <p>Failure to properly perform housekeeping functions places staff and patients at risk of infection.</p> <p>Reference: Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2004, Pg 134. "E. Recommendations - Environmental Services. I. Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient-Care Areas. G. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas."</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Record review of the hospital policy titled, "Environmental Cleaning and Disinfecting." Revised 10/16, did not show the mechanism that environmental services staff are supposed to use to disinfect surfaces.</li> <li>2. On 12/07/17 at 8:50 AM, Surveyor #1 observed a cleaning of a patient room. The housekeeper (Staff #3) used a spray bottle to directly spray disinfectant on the toilet and the walls of the bathroom rather than using a wet rag or spraying directly on to the rag prior to cleaning room</li> </ol>	L 815		

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L 815	<p>Continued From page 29</p> <p>surfaces.</p> <p>This is a REPEAT VIOLATION - State survey 01/17</p>	L 815		
L1015	<p>322-160.1C BATHROOM-SEPARATE</p> <p>WAC 246-322-160 Bathrooms, Toilet Rooms and Handwashing Sinks. The licensee shall provide: (1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the hospital, with: (c) Separate bathrooms for each sex if the bathroom contains more than one bathing fixture;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure that an adequate number of bathing facilities for the number of patients housed on each floor.</p> <p>Failure to provide adequate bathing facilities places patient hygiene at risk and can lead to negative patient outcomes.</p> <p>Findings included:</p> <p>1. Record review of the daily patient census sheet dated 12/06/17 showed that the hospital has 35 patients per floor for a total of 70 patients. The patient beds are split with 21 hospital patients and 14 residential treatment facility patients on the third floor and 19 hospital patients and 16 residential treatment facility patients on the</p>	L1015		

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L1015	<p>Continued From page 30</p> <p>second floor.</p> <p>2. On 12/06/17 at 8:00 AM, the survey team conducted an entrance conference. Interview with the hospital administrator (Staff #1) showed that each patient care floor had 35 total beds with hospital and residential treatment facility patients co-mingled on each floor.</p> <p>3. On 12/06/17 from 10:00 AM to 11:15 AM, Surveyor #1 toured the third floor of the hospital. During the tour, the surveyor inspected the bathing facilities and asked the Facilities Director (Staff #5) and Environment of Care and Safety Officer (Staff #6) the total number of showers on the floor. They stated that there were 4 showers present on the floor for patient use. The surveyor also asked how many total patients were on the floor, and Staff #5 and #6 stated that there are 35 beds per floor, making a total of more than 6 patients per shower. Surveyor #1 confirmed the number of showers during the tour.</p>	L1015		
L1255	<p>322-200.3D RECORDS-TREATMENT PLAN</p> <p>WAC 246-322-200 Clinical Records. (3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services: (d) Comprehensive treatment plan; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interviews and review of patient records the Hospital failed to ensure care/treatment plans included physical health concerns for 2 of 2 medical records reviewed (Patient #1, #2).</p>	L1255		

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L1255	<p>Continued From page 31</p> <p>Failure to ensure care/treatment plans are kept current places patients at risk for patient harm and delayed care.</p> <p>Findings included:</p> <p>1. On 12/06/17 at 2:30 PM, Surveyor #2 reviewed the chart for Patient #1, a 43-year-old female admitted on 10/14/17 for the treatment of psychosis with a history of a below the knee amputation. Patient #1 sustained a fall 10/15/17. The record showed that:</p> <p>a. The physician order dated 10/14/17 stated that the patient a "low fall risk".</p> <p>b. There was no initial fall risk assessment completed by nursing staff.</p> <p>c. The care plan/treatment plan did not contain information related to the patient's mobility issues.</p> <p>d. On 12/06/17 at 1:00 PM, Surveyor #2 interviewed the Administrator (Staff #1) who acknowledged the fall risk should have been evaluated.</p> <p>2. On 12/06/17 at 12:05 PM, Surveyor #2 reviewed the medical record for Patient #2, a 31-year old male patient admitted 12/04/17 for the treatment of paranoid schizophrenia and a history of cellulitis. The record showed that an admit order to "clean and cover the right buttock, s/p I&amp;D PTA" (following incision and draining of an abscess prior to admit). There were no wound care assessments being done.</p> <p>a. The initial care/treatment plan did not include cellulitis as a problem.</p>	L1255		

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L1255	<p>Continued From page 32</p> <p>b. Wound and wound care were not identified on the care/treatment plan.</p> <p>c. On 12/07/17 at 3:00 PM, Surveyor #2 interviewed the dayshift Charge Nurse (Staff #3) that she was unaware of any wound or dressing changes for the patient.</p>	L1255		
L1485	<p>322-230.1 FOOD SERVICE REGS</p> <p>WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to follow the Washington State Retail Food Code, WAC 246-215.</p> <p>Failure to follow the Washington State Retail Food Code places patients at risk from food-borne illness.</p> <p>Findings included:</p> <p>1. On 12/06/17 at 10:35 AM, Surveyor #1 toured the food service area on the third floor. The following observations were noted:</p> <p>a. A heating table used for food service had visible debris on the food preparation and service areas. The interior surfaces of the heating area were covered in visible scale and rust.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-04600</p>	L1485		

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L1485	<p>Continued From page 33</p> <p>b. Surveyor #1 measured the temperature of the water from the warewashing machine using a plate simulating dishwasher tester (a thermometer specifically designed for testing warewashing temperatures). The thermometer read the water temperature as 148.7 degrees Fahrenheit. The warewashing machine is a stationary rack, dual temperature machine that requires a temperature of 150 degrees Fahrenheit.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-04545 (1) (b)</p> <p>2. The Facilities Director (Staff #4) confirmed the finding during the kitchen inspection.</p>	L1485		

Redaction Summary ( 0 redactions )

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0 Privilege / Exemption reason used:

Redacted pages: